## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless corrected l maintenance fee notification	below or directed otherwise	in Block 1, by (a	specifying a	new correspondence address	is; and/or (b) indicating a sep	parate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Fee(s) Transmittal T	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
MCHALE & SLAVIN, P.A. 2855 PGA BLVD PALM BEACH GARDENS, FL 33410				I hereby certify that states Postal Service addressed to the Ma	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
						(Depositor's name)	
						(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/993,300	993,300 11/23/2001		George Jackowski		2132.107	5368	
TITLE OF INVENTION: A	POLIPOPROTEIN BIOPOL	YMER MARKER	RINDICATIVI	E OF NORMAL HUMAN			
APPLN, TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$300	\$1000	08/24/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
COOK, LISA V		1641		435-007100			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.</li> </ol>			(1) the nam or agents O (2) the nam registered a 2 registered listed, no na	For printing on the patent front page, list  the names of up to 3 registered patent attorneys agents OR, alternatively,  the name of a single firm (having as a member a gistered attorney or agent) and the names of up to registered attorneys or agents. If no name is sted, no name will be printed.  1 McHale & Slavin, P.A  2  3			
	RESIDENCE DATA TO B				man is identified below the	dogument has been filed for	
		of this form is NO			gnee is identified below, the	locument has been fried for	
(A) NAME OF ASSIGN	EE		(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Nanogen Inc. San Diego, California							
Please check the appropriate	assignce category or catego	ries (will not be pr	inted on the pa	tent): 🔲 Individual 🖼	Corporation or other private gr	oup entity Government	
4a. The following fee(s) are	enclosed:	4b	Payment of F				
Issue Fee	11 - 25 - 12	1)	A check in the amount of the fee(s) is enclosed.				
Publication Fee (No small entity discount permitted)  Advance Order - # of Copies			Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1803 (enclose an extra copy of this form).				
			Deposit A	ccount Number <u>50–18</u>	03 (enclose an ext	ra copy of this form).	
	(from status indicated above MALL ENTITY status. See :	•	☐ b. Applica	ant is no longer claiming SMA	ALL ENTITY status. See 37 C	CFR 1.27(g)(2).	
NOTE: The Issue Fee and P	is requested to apply the Issuublication Fee (if required) vords of the United States Pate	vill not be accepted	d from anyone	or to re-apply any previou other than the applicant; a re	sly paid issue fee to the applic gistered attorney or agent; or t	ation identified above. he assignce or other party in	
Authorized Signature	Fems H.	ander		Date	8/21/2006		
Typed or printed name Ferris H. Lander				Registration	No. 43,377		
This collection of information an application. Confidential	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C.	11. The information 122 and 37 CFR	on is required to	o obtain or retain a benefit by ection is estimated to take 12	the public which is to file (ar 2 minutes to complete, includi	nd by the USPTO to process) ng gathering, preparing, and ime you require to complete	

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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